

**VILLAGE OF LOMBARD
LOCAL TOURISM GRANT PROGRAM APPLICATION FORM**

GENERAL INFORMATION

Organization:	Lombard Area Chamber of Commerce and Industry		
Name of event:	EXPO 2015 (Business EXPO)		
Date of event:	October 22, 2015	Event location:	Yorktown Center
Contact person:	Yvonne Invergo	Title:	Executive Director
Business address:	10 Lilac Lane	City & Zip	Lombard 60148
Telephone:	630-627-5040	Email:	info@lombardchamber.com

PROJECT OVERVIEW

Total cost of the project:	\$ 3790.00
Cost of city services requested in this application (if any):	\$ 0
Total funding requested in this application:	\$ 1500.00
Percent of total project cost being requested:	%
Anticipated attendance:	500+
Anticipated number of overnight hotel stays:	0

Briefly describe the project for which are funds are being requested:

Our business expo displays the best that our community has to offer. From restaurants, ,hotels, entertainment, retail and beyond. It is a showcase of what Lombard provides to visitors and guests of our community.

ORGANIZATION

Number of years that the organization has been in existence:	62
Number of years that the project or event has been in existence:	18
Number of years the project has been supported by Village of Lombard funds:	10
How many years does the organization anticipate it will request grant funding?	Each year until the Chamber decides to stop doing the event

1) Describe the organization (include brief history, mission, and ability to carry out this project):

Mission Statement: The Lombard Chamber of Commerce & Industry is committed to promote positive development of our community and industries, to enhance the business climate for its members in order to stimulate economic growth, and to encourage retail, professional, service, industrial, cultural and civic growth within the Lombard area.

2) Please describe the goals and objectives of the organization and how they are supported by this program:

The objective of the Lombard Chamber is to promote our business community to other businesses and our citizens. The business expo helps to showcase these businesses in a heavy populated environment, and to allow visitors to hear about the things each business has to offer.

3) What is the organization’s plan to make the project self-sustaining?

The project, itself, is self-sustaining, however we would be unable to afford the cost of maintaining the advertising flags, which is a unique opportunity that Yorktown Center offers us. Each year, in exchange for the support by the Village, we offer them an exhibitor table at no charge, and this has been used by the Fire Dept. Police Dept. Village Hall and Public Works to promote what the Village does for our businesses and community.

PROJECT DESCRIPTION

- Have you requested grant funding in the past? Yes No
- Is the event open to the general public? Yes No
- Do you intend to apply for a liquor license for this project? Yes No
- Will any revenues from this event be returned to the community? Yes No

1) Provide a full detailed description of the proposed project or event.

In January we contract with Yorktown Center for expo space (typically in the center court) for the 3rd Thursday in Oct. (we are considering possibly doing this event on a Saturday in the future). 30 – 50 businesses purchase an exhibitor space. The day of the event they set up their displays for the visitors. Advertising is done thru website, press releases, newspapers, social media, paid advertisement, kiosk at Yorktown Center, pole banner flags and word of mouth. The project planning begins in late August to both our members and non-member businesses.

2) If your application is accepted, how will the tourism grant funds be used?

Yorktown Center provides an advertising opportunity that includes 50 pole banners that are placed at the perimeter and each street entrance of the mall. The funds will be used to change out the date. The flags were originally purchased in 2011 through funds made possible by the Tourism Grand Program.

3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

Increased advertising, location and word of mouth have increased event attendance each year. The possibility of doing this event on a Saturday will increase it even more.

LOCATION

Provide the location of the event or project. If a location has not been secured, list the venue(s) being proposed or considered.

Yorktown Center – center court.

MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

We contract with Yorktown Center in January. Begin all forms of advertising in August. Yorktown center splices in new dates for pole banner flags and puts them up the last week in September. Collect applications from businesses from August thru October. Contact restaurants with participation agreement. Contract with rental company for tables, chairs and covering. Create a floor plan for the event. Assign businesses to their tables. Provide exhibitors with information for the day of the event. The day of the event help with set up of tables and chairs.

IMPACT

1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

The event itself promotes Lombard tourism and Lombard businesses as a whole. It lets the name Lombard and its businesses in front of hundreds of individuals through all o the advertising. The event allows restaurants to promote themselves to the greater community. This leads to increased business for them and additional revenue to the Village of Lombard.

2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

Lombard businesses are the backbone of the community and this event benefits business as a whole. It also draws people to Yorktown Center, which, of course is made up entirely of businesses. This event allows restaurants to promote themselves through taste sampling, which in turns encourages people to patronize the restaurant itself, adding to the revenue in Lombard.

3) Who is the target audience for your event or project? What is your anticipated attendance?

Consumers and Business owners. Anticipated attendance is 500+.

VILLAGE OF LOMBARD
LOCAL TOURISM GRANT – POST EVENT SUMMARY

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant’s ability to receive future grant funds.

GENERAL INFORMATION

Organization:		Name of event:	
Date of event:		Event location:	
Contact person:		Title:	
Business address:		City & Zip:	
Telephone:		E-mail address:	
Estimated attendance:		Estimated hotel stays:	
Method for estimating attendance:			

- 1) Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces and advertisements.

Click here to enter text.

- 2) Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?

Click here to enter text.

- 3) How did the actual outcomes of the program or event compare to your original expectations?

Click here to enter text.

Describe your organization’s long term plans for funding this project or event.

SUBMISSION INSTRUCTIONS

Please submit completed form and associated application documents on or before **December 19, 2014** to Nicole Aranas, Assistant Village Manger, by e-mailing aranasn@villageoflombard.org or by using the submit button below.

Submit

*Please note that the applicant must save the completed form and have Microsoft Outlook to use the submit button above.

If you do not receive a confirmation receipt of your completed application, please contact Nicole Aranas at 630-620-3085 or aranasn@villageoflombard.org to confirm.

EXP 2014



Community • Business • Networking

**FREE
EVENT!**

OCTOBER 23, 2014

Yorktown Center

10 AM to 4 PM

**ALL
INVITED!**

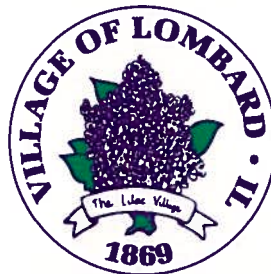
Business & Community Exhibitors!

Local Restaurant Food Samples!

FREE Drawings!

Many Promotions and Activities!

SPONSORED BY



my**SuburbanLife.com**

YORKTOWN CENTER MALL

203 Yorktown Center

Lombard, IL 60148

For More Info Visit www.lombardchamber.com

Or Call: 630-627-5040

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **LOMBARD AREA CHAMBER OF COMMERCE**
10 LILAC LANE
LOMBARD, IL 60148

D Employer identification number
23-7192831

E Telephone number
630-627-5040

F Group Exemption Number _____ ▶

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **161,222.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE		1																											
2		2		34,036.																									
3		3		69,206.																									
4		4		53.																									
5a		5a																											
5b		5b																											
5c		5c																											
6		6																											
6a		6a																											
6b		6b		57,927.																									
6c		6c		32,115.																									
6d		6d		25,812.																									
7a		7a																											
7b		7b																											
7c		7c																											
8		8																											
9		9		129,107.																									
EXPENSES		10																											
11		11																											
12		12		74,504.																									
13		13																											
14		14		14,366.																									
15		15		1,619.																									
16		16		42,974.																									
17		17		133,463.																									
18		18		-4,356.																									
ASSETS		19		100,222.																									
20		20																											
21		21		95,866.																									

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53,377.	51,771.
23 Land and buildings	46,150.	44,676.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,310.	1,127.
25 Total assets	101,837.	97,574.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,615.	1,708.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,222.	95,866.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O) ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) -----	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES HOGAN DIRECTOR	5	0.	0.	0.
JOSEPH ORSOLINI PRESIDENT	5	0.	0.	0.
WHITNEY CIMAGLIA-VOELKER VICE PRESIDENT	5	0.	0.	0.
DAN WHITTINGTON VICE PRESIDENT	5	0.	0.	0.
PETER NOLAN TREASURER	0	0.	0.	0.
PATRICK TEMESVARY DIRECTOR	0	0.	0.	0.
DAVID BOYLAN DIRECTOR	0	0.	0.	0.
PAUL CORD DIRECTOR	0	0.	0.	0.
PAUL GUAGENTI DIRECTOR	0	0.	0.	0.
SUE JUERGENS-PAGNONI DIRECTOR	0	0.	0.	0.
MIKE KENNEDY DIRECTOR	0	0.	0.	0.
KATIE WERNER DIRECTOR	0	0.	0.	0.
KATHY VOLPE DIRECTOR	0	0.	0.	0.
YVONNE M INVERGO EXECUTIVE DIRCTR	40	40,325.	0.	0.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53,377.	51,771.
23 Land and buildings	46,150.	44,676.
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(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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JOSEPH ORSOLINI PRESIDENT	5	0.	0.	0.
WHITNEY CIMAGLIA-VOELKER VICE PRESIDENT	5	0.	0.	0.
DAN WHITTINGTON VICE PRESIDENT	5	0.	0.	0.
PETER NOLAN TREASURER	0	0.	0.	0.
PATRICK TEMESVARY DIRECTOR	0	0.	0.	0.
DAVID BOYLAN DIRECTOR	0	0.	0.	0.
PAUL CORD DIRECTOR	0	0.	0.	0.
PAUL GUAGENTI DIRECTOR	0	0.	0.	0.
SUE JUERGENS-PAGNONI DIRECTOR	0	0.	0.	0.
MIKE KENNEDY DIRECTOR	0	0.	0.	0.
KATIE WERNER DIRECTOR	0	0.	0.	0.
KATHY VOLPE DIRECTOR	0	0.	0.	0.
YVONNE M INVERGO EXECUTIVE DIRCTR	40	40,325.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
35 c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
36		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	X
37 b		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
38 b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
39 a		
39 b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	N/A	N/A
section 4912	N/A	N/A
section 4955	N/A	N/A
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
40 e		
41 List the states with which a copy of this return is filed	NONE	

42 a The organization's books are in care of JAMES HOGAN Telephone no. 630-627-5040
 Located at 10 LILAC LANE LOMBARD IL ZIP + 4 60148

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42 b	X
42 b		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c	X
42 c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X
45 b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a

b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **JOSEPH ORSOLINI** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **KEN VANDENBROUCKE** Preparer's signature: **KEN VANDENBROUCKE** Date: **5/05/14** Check if self-employed PTIN: **P00116194**
 Firm's name ▶ **M.J. VANDENBROUCKE, INC.** Firm's EIN ▶ **36-2796399**
 Firm's address ▶ **118 W. ST. CHARLES RD. LOMBARD, IL 60148** Phone no. **(630) 627-0577**

May the IRS discuss this return with the preparer shown above? See instructions. Yes No